

# REVOLVING FUND CHECK REQUEST

TO: ACCOUNTING SERVICES SECTION  
POST OFFICE BOX 942883  
SACRAMENTO, CA 94283-001

Date of Request: \_\_\_\_\_

**INSTRUCTIONS:** Use this form to request a revolving fund check through Accounting Services Section. It does not replace other approval processes or forms such as, but not limited to CDC 1082, CDC 954, CDC 854A. Indicate: Payee, Amount Requested, purpose, charge to:, and delivery information. Attach all necessary supporting documentation. Return original receipts to Accounting Services Section. Allow a minimum of 3 working days for processing.  
TYPE OR CLEARLY PRINT ALL ENTRIES EXCEPT WHERE SIGNATURES ARE INDICATED.

## PLEASE PROCESS A REVOLVING FUND CHECK:

PAYABLE TO: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

### PURPOSE: MARK THE APPROPRIATE BOX OR BOXES:

☐ **BOOTH RENTAL FEE**  
ATTACH PERTINENT INFORMATION REGARDING RENTAL FEE

### ☐ POSTAGE - SUBMIT IN DUPLICATE

☐ AMS-TMS  
☐ AMERICAN MAILING EQUIPMENT  
☐ PITNEY BOWES POSTAGE  
☐ POSTAGE ON CALL  
☐ RMRS - POSTAGE BY PHONE  
☐ U. S. POSTMASTER FOR:  
☐ POSTAGE  
☐ STAMPS @ \_\_\_\_\_ Cents  
☐ POST OFFICE BOX FEE

FOR POSTAGE ONLY  
POSTMASTER PLEASE AFFIX STAMP HERE

### ☐ REGISTRATION FEE

Attach registration flyer or other pertinent information regarding name of company/school, dates of training, and amount.  
LIST NAME OF PARTICIPANT(S) IN SPACE PROVIDED FOR ADDITIONAL NAMES ATTACH A SEPARATE SHEET OR USE REVERSE OF FORM

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

☐ **OTHER:** Please describe in sufficient detail to expedite processing. \_\_\_\_\_

<b>CHARGE TO:</b> INDEX	PCA	BILLING CODE
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<b>DISTRIBUTION: (Complete One)</b>		<b>CHECK NEEDED BY:</b> Date: _____
MAIL TO: _____	CALL FOR PICK UP: _____	
_____	Name: _____ Phone #: _____	

<b>APPROVED BY:</b> SIGNATURE _____	FOR ACCOUNTING OFFICE ONLY
EMPLOYEE'S NAME & TITLE _____	
UNIT NAME: _____	
PHONE NUMBER: _____	
	AMOUNT _____
	RF CHECK # _____
	DATE _____